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BAF/1173  
EFW

PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/092,381	
		Filing Date	March 04, 2002	
		First Named Inventor	John Cook	
		Art Unit	1773	
		Examiner Name	Dhirajlal S. Nakarani	
		Total Number of Pages in This Submission		Twelve
<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment and Response After Final under 37 CFR 1.116 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks				
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>				
Firm or Individual Name	McAndrews Held & Malloy, Ltd.			
Name (Print/type)	Jennifer E. Lacroix	Registration No. (Attorney/Agent)	46,852	
Signature	<i>Jennifer E. Lacroix</i>		Date: May 17, 2006	
<b>EXPRESS MAIL DEPOSIT</b>				
"Express Mail" mailing label number : EV 726715539 US				
Date of Deposit May 17, 2006.				

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2006

## Complete if Known

Application Number	10/092,381
Filing Date	March 04, 2002
First Named Inventor	John Cook
Examiner Name	Dhirajlal S. Nakarani
Art Unit	1773
Attorney Docket No.	16728US02

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **120.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy, Ltd.

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee(\$)	Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
_____ -20 or HP _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>
_____ -3 or HP _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee(\$)</b>	<b>Fee Paid(\$)</b>
_____ -100 _____ /50 _____ (round up to a whole number) x _____ = _____				

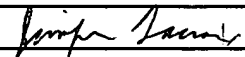
### 4. OTHER FEE(S)

**Fee Paid(\$)**

Petition for Extension of Time  
under 37 CFR 1.136(a)

**\$120.00**

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,852	Telephone	(312)775-8000
Name (print/type)	Jennifer E. Lacroix	Date	May 17, 2006		